

**Work Order ID 154205**

Tuesday, December 06, 2016 2:50:35 PM

**\*154205\***

Page 1

Item ID: D3566-13

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Gasket Fwd

Start Date: 12/5/2016 Start Qty: 6.00

**\*6\***

Cust Item ID:

Required Date: 12/6/2016 Req'd Qty: 6.00

**\*6\***

Customer:

Reference:

Run Start **\*NR1\***Approvals: Process Plan: **DAS 21** Date: **DEC 07 2016** Tooling: \_\_\_\_\_ Date: \_\_\_\_\_Stop **\*NR2\***QC: **9-89** Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                              | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr                                                                          |                      |         |        |              |               |               |                  |                |
| D3566                          | Rev C                                                                                 |                      |         |        |              |               |               |                  |                |
| 100                            | FLOW WATER JET                                                                        | 0.00                 |         |        |              |               |               |                  |                |
| <b>*100*</b>                   |                                                                                       |                      |         |        |              |               |               |                  |                |
| Waterjet                       | Memo                                                                                  | 0.04                 |         |        |              |               |               |                  |                |
| FLOW CNC Waterjet              | 1-Cut as per Dwg D3566 Dwg Rev: <b>C</b> Prog Rev: <b>C</b> 2-<br>Deburr if necessary |                      |         |        |              |               |               |                  |                |
| 110                            | QC2- Inspect parts off machine FAI/FAIB                                               | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |                                                                                       |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                                  | 0.01                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                                       |                      |         |        |              |               |               |                  |                |
| 120                            | QC8- Inspect parts - second check                                                     | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |                                                                                       |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                                  | 0.02                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                                       |                      |         |        |              |               |               |                  |                |

**DAS 46 9-89**

16/12/07

**DAS 46 9-89**

16/12/07

**DAS 38 9-89**  
DEC 07 2016

**Work Order ID 154205**

Tuesday, December 06, 2016 2:50:35 PM

**\*154205\***

Page 2

Item ID: D3566-13

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Gasket Fwd

Start Date: 12/5/2016 Start Qty: 6.00

**\*6\***

Cust Item ID:

Required Date: 12/6/2016 Req'd Qty: 6.00

**\*6\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty                                                                       | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|-------------------------------------------------------------------------------------|---------------|------------------|----------------|
| 130                            | Identify as per dwg & Stock Location  | 0.00                 |         |        |              |  |               |                  |                |
| <b>*130*</b>                   |                                                                                                                        |                      |         |        |              |                                                                                     |               |                  |                |
| Packaging                      | Memo                                                                                                                   | 0.01                 |         |        |              |                                                                                     |               |                  |                |
| Packaging                      |                                                                                                                        |                      |         |        |              |                                                                                     |               |                  |                |
| 140                            | QC21- Final Inspection - Work Order Release                                                                            | 0.00                 |         |        |              |                                                                                     |               |                  |                |
| <b>*140*</b>                   |                                                                                                                        |                      |         |        |              |                                                                                     |               |                  |                |
| QC                             | Memo                                                                                                                   | 0.10                 |         |        |              |                                                                                     |               |                  |                |
| Quality Control                |                                                                                                                        |                      |         |        |              |                                                                                     |               |                  |                |

DEC 08 2016

DAS  
6  
9-8916/12/13 

ME

16-12-08

# Picklist Print

Tuesday, December 06, 2016 2:50:35 PM

Page 1

Work Order ID: 154205

**\*154205\***

Parent Item: D3566-13

**\*D3566-13\***

Parent Item Name: Gasket Fwd

Start Date: 12/5/2016

Required Date: 12/6/2016

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP Rev:A New Issue 07-03-08 ec  
IPP Rev:B Added Drain Holes 07-07-09 JLM  
IPP Rev:C As per Rev C 07-09-09 JLM Verified By:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per<br>Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|----------------|--------------|---------------|----------------|--------|
| MNEO60S.063                     |                        | Purchased     | No          |                     |                  | 100             | sf                 | 109.3688       | 0.195          | 1.3          |               |                |        |
| <b>*MNEO60S 063*</b>            |                        |               |             |                     |                  |                 |                    |                |                |              |               |                |        |
| NEOPRENE SHEET 0.063            |                        |               |             |                     |                  |                 |                    |                |                |              |               |                |        |

Location

Loc Qty

Loc Code

MAT

98.6

M135551

98.6

MAT052

10.768778

M134972

10.768778

DAS  
46  
9-89

16/12/07

2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

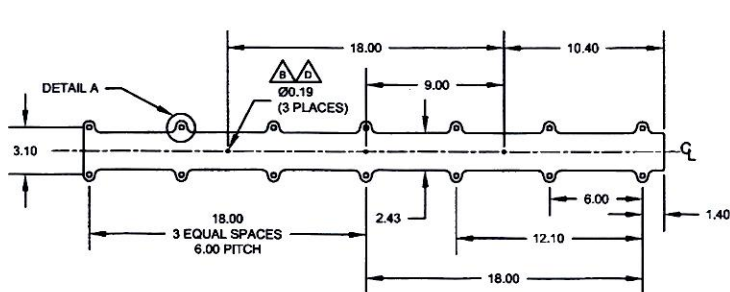
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

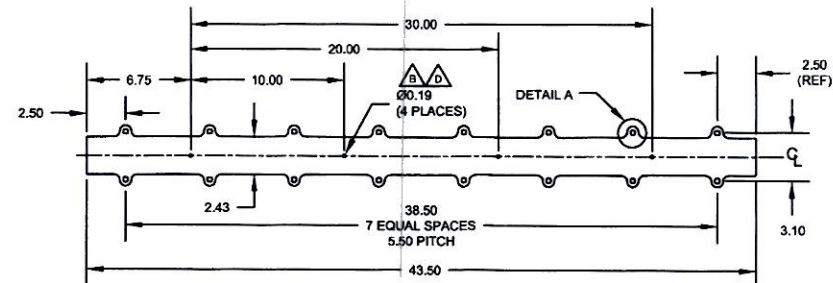
|                                                              |                                     |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                             |                                              |                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
|--------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------|----------------------------------------------|------------------------------|-------------------------------------|-------------------------------------------|----------------------------------------|---------------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|--------------------------------------------|------------------------------------------|-------------------------------------------|------------------------------------|----------------------------------------------|----------------------------------------------|------------------------------------------------|------------------------------------|------------------------------------------|----------------------------------|------------------------------------------------|---------------------------------|-------------------------------------------------|--------------------------------|-----------------------------------|-------------------------------------|---------------------------------------------|----------------------------------------|-------------------------------------------|---------------------------------|------------------------------------|-----------------------------------------------|------------------------------------------------------------|----------------------------------------|--------------------------------------|----------------------------------------|----------------------------------------------------------|--------------------------------------|-------------------------------------------|----------------------------------------|--------------------------------|-------------------------------|---------------------------------------------|------------------------------------------|----------------------------------|-------------------------------------|---------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------------|----------------------------------|---------------------------------|----------------------------------|-------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="width:15%;">Skid-tube <input type="checkbox"/></td> <td style="width:15%;">Cross tube <input type="checkbox"/></td> <td style="width:15%;">Water Jet <input type="checkbox"/></td> <td style="width:15%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                   |                                             |                                              |                              |                                     | Skid-tube <input type="checkbox"/>        | Cross tube <input type="checkbox"/>    | Water Jet <input type="checkbox"/>          | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/>    | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>         | Thermoforming <input type="checkbox"/>    | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>               | Large Fab <input type="checkbox"/>             | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/>        |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Skid-tube <input type="checkbox"/>                           | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>                                                                                                                                                 | Engineering <input type="checkbox"/>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                             |                                              |                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                         | Quality <input type="checkbox"/>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                             |                                              |                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                       | Other <input type="checkbox"/>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                             |                                              |                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>                                                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                             |                                              |                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Date :                                                       |                                     | Step #:                                                                                                                                                                            |                                        | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                             | MRB (QSI042) Approval                        |                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Description Work Order Deviation                             |                                     |                                                                                                                                                                                    |                                        | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                             |                                              |                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
|                                                              |                                     |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                             | Completed By                                 |                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
|                                                              |                                     |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                             | Lead hand / Supervisor Approval Verification |                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
|                                                              |                                     |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                             | QC / QA Coordinator Approval                 |                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Root Cause                                                   |                                     |                                                                                                                                                                                    |                                        | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                             |                                              |                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Environment <input type="checkbox"/>                         | Design <input type="checkbox"/>     | Doc/Data <input type="checkbox"/>                                                                                                                                                  | Equip/Tooling <input type="checkbox"/> | Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Material <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/>    | LOA <input type="checkbox"/> | Substation <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/> | Operator <input type="checkbox"/>    | Offset/Setup <input type="checkbox"/> | Supplier <input type="checkbox"/>  | Training <input type="checkbox"/>          | Use for Testing <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Rushing <input type="checkbox"/>   | Product Improvement <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Past Due <input type="checkbox"/>  | Pressure/Forced <input type="checkbox"/> | Bending <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | Cracks <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Crushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Set-up <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Contamination <input type="checkbox"/> | Countersink <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Grain <input type="checkbox"/> | Weld <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Off-set <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Drawing <input type="checkbox"/> | Finish <input type="checkbox"/> | Misread <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
| OTHER :                                                      |                                     |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                             |                                              |                              |                                     |                                           |                                        |                                             |                                      |                                       |                                    |                                            |                                          |                                           |                                    |                                              |                                              |                                                |                                    |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |



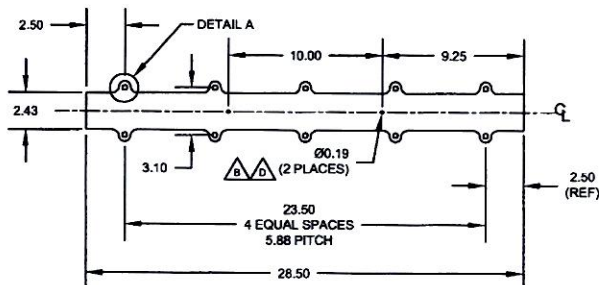




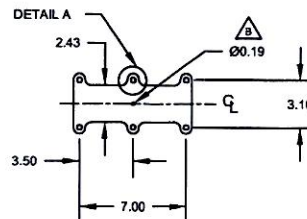
**D3566-1 GASKET**



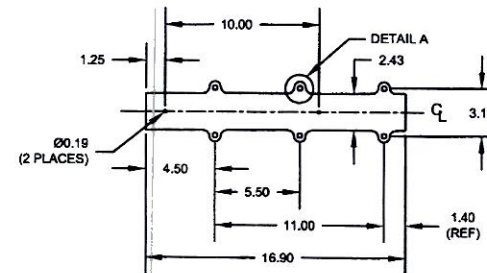
**D3566-5 GASKET**



**D3566-7 GASKET**



**D3566-13 GASKET**



**D3566-15 GASKET**

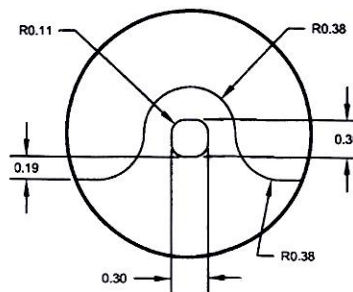
**RELEASED**

07.08.04

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 154205 MCT  
16-12-07

**NOTES:**

- 1) MATERIAL: BLACK NEOPRENE SHEET, 1/16 THICK, 60 DUROMETER (REF DART SPEC M-NEO60-S.063)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: SEE TABLE IN ZONE A3
- 8) PARTS ARE SYMMETRIC ABOUT C



**DETAIL A  
SCALE 1:1**

**WEIGHTS:**

|          |          |
|----------|----------|
| D3566-1  | 0.29 lbs |
| D3566-5  | 0.36 lbs |
| D3566-7  | 0.24 lbs |
| D3566-13 | 0.07 lbs |
| D3566-15 | 0.15 lbs |

|            |                                                                                                                                                   |                                                                                                                                                                                                                                                                          |              |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| C          | UPDATE DRAWING TEMPLATE:<br>CHANGE ALL (TYP X PLS) TO (X PLACES);<br>A8: UPDATE NOTES;<br>A8, B2: ADD D3566-15;<br>A5: INCREASE SIZE OF DETAIL A; | CB                                                                                                                                                                                                                                                                       | 07.08.21     |
| B          | ADD DRAIN HOLES                                                                                                                                   | PH                                                                                                                                                                                                                                                                       | 07.04.17     |
| A          | NEW ISSUE                                                                                                                                         | PH                                                                                                                                                                                                                                                                       | 06.12.18     |
| REV.       | DESCRIPTION                                                                                                                                       | BY                                                                                                                                                                                                                                                                       | DATE         |
| DESIGN     | PH                                                                                                                                                | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                 |              |
| DRAWN      | CB                                                                                                                                                |                                                                                                                                                                                                                                                                          |              |
| CHECKED    | PH                                                                                                                                                | DRAWING NO.                                                                                                                                                                                                                                                              | REV. C       |
| MFG. APPR. | PH                                                                                                                                                | D3566                                                                                                                                                                                                                                                                    | SHEET 1 OF 1 |
| APPROVED   | PH                                                                                                                                                | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   | PH                                                                                                                                                | GASKET                                                                                                                                                                                                                                                                   | 1:8          |
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